

Official Election Materials - Electronic Transmission Sheet

Transmittal (Cover) Sheet from Local Election Official to Absentee Voter

FROM:

City/County Board of Elections

State

Telephone Number

Fax Number

Street Address

City

State

Zip Code

TO:

Last Name

First Name

Middle Name

Telephone Number

Fax Number

Mailing Address

City

State or Country

Unit/Ship

Postal Code/APO/FPO

Email Address

Service (Circle One): Army Navy Air Force Marine Corps Coast Guard Other _____

Number of pages being transmitted, including this sheet _____

Contents of Transmission (Check Those Applicable): _____ Ballot _____ Stored Ballot Number _____

Other Election Materials (Specify) _____

Authorizing Signature (if required): _____ Date _____

Fax to one of these number: 703-693-5527 or 1-800-368-8683
or Email to: ets@fvap.ncr.gov

Federal Voting Assistance Program Use Only - DO NOT Complete this section

Date Received _____

Time Received _____

Date Sent _____

Time Sent _____